

## TEXAS DEPARTMENT OF LICENSING AND REGULATION PO Box 12157 ● Austin, Texas 78711-2157 (800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871 www.tdlr.texas.gov ● cs.electricians@tdlr.texas.gov

## **ELECTRICAL SIGN APPRENTICE LICENSE APPLICATION INSTRUCTIONS**

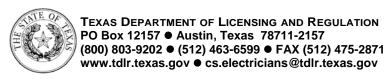
The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in <u>black ink</u>. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples**.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

- 1. <u>NAME</u> Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
- 2. <u>DATE OF BIRTH</u> Write your birthdate.
- 3. GENDER Select whether you are male or female.
- 4. <u>SOCIAL SECURITY NUMBER</u> Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.

- MAILING ADDRESS Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
- 6. PHYSICAL ADDRESS Write your physical address of your residence. Do not use a post office box for this address.
- 7. <u>PHONE NUMBER</u> Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
- 8. <u>EMAIL ADDRESS</u> Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
- CRIMINAL HISTORY Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf
  - If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm
- 10. <u>DISCIPLINARY ACTION HISTORY</u> Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf
- 11. <u>STATEMENT OF APPLICANT</u> Carefully read the statement of applicant before dating and signing your application.



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DO NOT WRITE ABOVE THIS LINE YOU MUST MEET ALL REQUIREMENTS WITHIN TWELVE MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.				
				ATION WILL BE TERMINATED.
	ON FEE: \$20 (FEE IS I	NON-REFUND	ABLE)	
1. Name:				
Last	First		Mir	ddle Suffix
2. Date of Birth:		3. Gender:		
Month Day	<b>-</b> Year			☐ Female
4. Social Security Number:	· · · · · · · · · · · · · · · · · · ·			-
(See instruction sheet for disclosure information)	- <u> </u>			
5. Mailing Address: (Used to receive mail from TDLR	(PO box is allowed for this add	ress)		
Number, Street Name, Suite Number				
<u> </u>				
City	State			Zip Code
<b>6. Physical Address:</b> (PO box is not allowed for this	address)			
Number, Street Name, Suite Number				
<u></u>				
City	State			Zip Code
7. Phone Number:	8. Email Address:			
Area Code Phone Number	(Ex: johndoe@aol.com) See instruction sheet for disclosure information			
<ol> <li>Have you ever been convicted of, or p misdemeanor or felony, other than a n If YES, complete and attach a Criminal History Que</li> </ol>	minor traffic violation?		any	☐ Yes ☐ No
	instruction sheet for mo	re information		
10. Have you ever had an occupational lid	cense, certification			
or registration suspended, revoked, o	or denied in any state?	?		☐ Yes ☐ No
If YES, attach a Disciplinary Action Questionnaire		•	driver license.)	
11.	STATEMENT OF A	APPLICANT		
I certify that I have read and will comply wi				
Chapter 1305 and Chapter 51; Texas Admin				
Administrative Code, Chapter 73. I understathis application and/or revocation of the licen				
application and/or revocation or the licen-	136 Fairi roquosting and	Tulo imposito.	TOT AGITHING	trative periamos.
 Date Signed	Signature of Applicant			